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## Letter to the Editor

### A Geriatric Psychiatry Virtual Rotation During Covid-19

Older adults with mental illnesses are currently facing a health crisis due to severe acute respiratory distress syndrome coronavirus 2 infections resulting in coronavirus disease 2019.<sup>1</sup> In order to minimize exposures to our most vulnerable older adult patients, the McLean Hospital Division of Geriatric Psychiatry restructured the geriatric psychiatry rotation for psychiatry residents to an all-outpatient virtual model.

Prior to the coronavirus disease 2019 pandemic, the geriatric psychiatry rotation consisted of both inpatient and outpatient experiences. As the geriatric psychiatry inpatient units have not switched to virtual rounding, an inpatient experience was not feasible as part of a virtual geriatric psychiatry rotation.

At the beginning of April 2020, the first resident from the Massachusetts General Hospital-McLean Hospital Adult Residency Training Program started the virtual geriatric psychiatry rotation. All clinical visits were conducted via Zoom or telephone, faculty delivered didactics via Zoom, and the final resident presentation took place during the weekly outpatient Zoom meeting. The resident also participated in a

collaborative care experience at an affiliated community hospital.

As reduced clinic volume led to increased nonstructured time for the resident, the resident used this time to prepare a final presentation, review the NNCI quarantine curriculum, read relevant textbook chapters, and complete electronic consultations. The resident also joined nurse practitioner supervision. Throughout the rotation the resident met with the geriatric psychiatry chief resident on a weekly basis to discuss cases and to work on a deprescribing/medication reconciliation assignment to minimize polypharmacy.

Based on our experience thus far, we will make two modifications for future residents. The first will be to increase resident involvement in e-consultations, which can be completed during the resident's unstructured time. The second will be to record didactics, as this may allow future residents to view lectures in advance and use didactic time for one-on-one learning and discussion. We will continue the deprescribing assignment and final presentation, unstructured time for self-directed learning, and resident participation in virtual clinical visits and collaborative care.

In designing a virtual rotation in outpatient geriatric psychiatry, the following may be considered standard: 1) resident participation in patient video or telephonic appointments 2) didactic curriculum, supervision, and final

resident presentation delivered virtually, and 3) use of national online curricula.

Clinicians are navigating a new era of teaching, education, and clinical care as a result of the pandemic.<sup>2</sup> With our first resident experience in a virtual outpatient geriatric psychiatry rotation, we have learned that this model is not only feasible, but of high educational value. Whether the resident (and supervisor) are learning about telephonic/video cognitive screening, anxiety as a response to a new and devastating virus, or thinking through creative ways to incorporate physical activity and social connectedness during a time of social distancing, preliminary feedback has been very positive. A virtual geriatric psychiatry rotation can indeed teach not only the basics of geriatric psychiatry, but it may also increase resident comfort with the management of complicated older adults who are unable to be seen in person.

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## References

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2. Gallagher TH, Schleyer AM: "We Signed Up for This!"—student and trainee responses during the covid pandemic. *N Engl J Med.* 2020 <https://doi.org/10.1056/NEJMp2005234>